



LEROY D. BACA, SHERIFF

County of Los Angeles
Sheriff's Department Headquarters
4700 Ramona Boulevard
Monterey Park, California 91754-2169



June 21, 2005

Deputy Michael Carpenter, # [REDACTED]
[REDACTED]

Dear Deputy Carpenter:

On April 20, 2005, you were served with a Letter of Intention, indicating your right to respond to the Sheriff's Department's pending disciplinary action against you, as reported under File Number IAB 2125220. You were also advised of your right to review the material on which the discipline was based.

You did exercise your right to respond. After reviewing the response submitted to support your position, the Department executives have amended the recommended discipline.

You are hereby notified that you are suspended without pay from your position of Deputy Sheriff, Item No. 2708A, with this Department for a period of one (1) day. However, pursuant to a settlement agreement between you and the Department, the one (1) day will be held in abeyance for a period of twelve (12) months which will end on May 17, 2006. If you should become the Subject of a founded administrative investigation, with similar violations, and the event occurred within the prescribed twelve (12) month time period, the one (1) day held in abeyance will be imposed. Additionally, you will be subject to further discipline for each and every founded violation of the Department's Manual of Policy and Procedures. All Departmental records will reflect, nevertheless, that you received a one (1) day suspension.

An investigation under File Number IAB 2125220, conducted by Internal Affairs Bureau, coupled with your own statements, has established the following:

1. That in violation of Manual of Policy and Procedures Sections 3-01/050.10, Performance to Standards and/or 3-01/030.10, Obedience to Laws, Regulations and Orders (*specifically as it relates to North County Correctional Facility Unit Order #07-044/00, Handling Potentially Violent Inmates*), on or about July 27, 2004, you failed to perform your duties in a manner which would tend to establish and maintain the highest standards of efficiency in carrying

A Tradition of Service

out the functions and objectives of the Department when you attempted to transfer a potentially violent inmate without requesting the presence of a supervisor and/or not having the supervisor for the dorm present to direct a planned and coordinated resolution to the situation and/or not having a video camera present and/or not notifying the building sergeant before any enforcement action was taken and/or used poor tactics resulting in physical force having to be used when better tactics and other avenues such as pepper spray were available, and/or did not handcuff the inmate as soon as possible, but instead, escorted him into a day room while having him in a control hold, thereby escalating the situation instead of de-escalating it.

Prior to imposing this disciplinary action, I have thoroughly reviewed the incident and your record with this Department.

You will hereby take notice that any future acts of misconduct may result in more severe disciplinary action.

The Sheriff's Department reserves the right to amend and/or add to this letter.

Sincerely,

LEROY D. BACA, SHERIFF

Original Signed

Gregory H. Johnson, Captain
Commander, North County Correctional Facility

Note: Attached for your convenience are excerpts of the applicable areas of the Manual of Policy and Procedures.

GHJ:KM:rjb

c: Advocacy Unit
Sammy L. Jones, Chief, Custody Operations Division
Internal Affairs Bureau
Personnel Administration
Office of Independent Review (OIR)
North County Correctional Facility/unit Personnel File

RECEIVED

MAY 19 2005

SETTLEMENT AGREEMENT

EMPLOYEE RELATIONS

This Agreement is entered into between the Los Angeles County Sheriff's Department, hereinafter referred to as "Department," and Deputy Michael Carpenter, Employee Number [REDACTED] hereinafter referred to as "Grievant."

The Department and Grievant are parties to this dispute and desire to settle all issues involved in the Letter of Intent dated April 20, 2005, (IAB No. 2125220) upon the terms and conditions hereinafter set forth.

NOW, THEREFORE, the Department and Grievant for and in consideration of the mutual covenants contained herein, agree as follows:

1. The Department will, upon execution of this Agreement, reduce the intended two (2) day suspension to a one (1) day suspension. The Letter of Imposition shall contain the same charges as the Letter of Intent.
2. The Department will, upon execution of this Agreement, hold the one (1) day in abeyance.
3. The Grievant understands that if he becomes the subject of a founded investigation involving similar violations of the Manual of Policy and Procedures, and that if the event resulting in the founded investigation occurred within the twelve (12) month period of the date of execution of this Agreement, the one (1) day held in abeyance shall be imposed. In addition, the Grievant understands that he will be subjected to additional discipline for each and every founded violation of the Department's Manual of Policy and Procedures.
4. Both parties agree and understand that the Grievant's records will reflect that the one (1) day suspension was imposed and may be used for the purposes of demonstrating "progressive discipline."
5. The Grievant agrees to withdraw his grievance and waive any and all further administrative or judicial remedies with respect to the Letter of Imposition and the modified discipline, and also waives any administrative or judicial remedies with respect to any imposition pursuant to paragraph three (3), above.
6. The parties further agree that this Settlement shall not be considered, cited, or used in future disputes as establishing past precedent or past employment practice.

05-24-05
20

7. In consideration of the terms and conditions set forth herein, Grievant agrees to fully release, acquit and forever discharge the County, and all present and former officers, employees and agents of the County, and their heirs, successors, assigns and legal representatives from any and all liability whatsoever for any and all claims arising out of or connected with the employment relationship between the County and Grievant concerning the subject matter of the grievance referred to herein.

8. The Grievant further agrees to relinquish and expressly waives all rights conferred upon him by the provisions of California Civil Code Section 1542, which reads as follows:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

9. The date of the last signature placed hereon shall hereinafter be known as the "date of execution" and the "effective date" of this Agreement.

10. The parties agree that the foregoing comprises the entire Agreement between the parties and that there have been no other promises made by any party. Any modification of this Agreement must be in writing.

I have read the foregoing Settlement Agreement, and I accept and agree to the provisions contained therein and hereby execute it voluntarily and with full understanding of its consequences.

For the Sheriff's Department:

Date: 5-18-05


Michael Carpenter, Deputy

Date: 5-18-05


Gregory H. Johnson, Captain



LEROY D. BACA, SHERIFF

County of Los Angeles
Sheriff's Department Headquarters
4700 Ramona Boulevard
Monterey Park, California 91754-2169



April 20, 2005

Deputy Michael Carpenter, # [REDACTED]
[REDACTED]

Dear Deputy Carpenter:

You are hereby notified that it is the intention of the Sheriff's Department to suspend you without pay from your position of Deputy Sheriff, Item No. 2708A, with this Department for a period of two (2) days.

An investigation under File Number IAB 2125220, conducted by Internal Affairs Bureau, coupled with your own statements, has established the following:

1. That in violation of Manual of Policy and Procedures Sections 3-01/050.10, Performance to Standards and/or 3-01/030.10, Obedience to Laws, Regulations and Orders (*specifically as it relates to North County Correctional Facility Unit Order #07-044/00, Handling Potentially Violent Inmates*), on or about July 27, 2004, you failed to perform your duties in a manner which would tend to establish and maintain the highest standards of efficiency in carrying out the functions and objectives of the Department when you attempted to transfer a potentially violent inmate without requesting the presence of a supervisor and/or not having the supervisor for the dorm present to direct a planned and coordinated resolution to the situation and/or not having a video camera present and/or not notifying the building sergeant before any enforcement action was taken and/or used poor tactics resulting in physical force having to be used when better tactics and other avenues such as pepper spray were available, and/or did not handcuff the inmate as soon as possible, but instead, escorted him into a day room while having him in a control hold, thereby escalating the situation instead of de-escalating it.

A Tradition of Service

Prior to determining this disciplinary action, I have thoroughly reviewed the incident and your record with this Department.

You have the right to grieve this disciplinary action within ten (10) business days of receipt of this letter. Your grievance procedures may be found in your classification's negotiated Memorandum of Understanding.

Failure to respond to this Letter of Intent within ten (10) business days will be considered a waiver of your right to grieve and will result in the imposition of this discipline indicated herein.

You may receive a copy of the material on which the discipline is based by contacting Reba Barnes of the Internal Affairs Bureau at (323) 890-5314, and arranging an appointment during the ten (10) day period in which you may respond.

The Sheriff's Department reserves the right to amend and/or add to this letter.

Sincerely,

LEROY D. BACA, SHERIFF

Original Signed

Gregory H. Johnson, A/Captain
Commander, North County Correctional Facility

GHJ:KM:rjb

c: Advocacy Unit
Employee Relations Unit
Sammy L. Jones, A/Chief, Custody Operations Division
Internal Affairs Bureau
Office of Independent Review (OIR)
(File # IAB 2125220)

COUNTY OF LOS ANGELES
SHERIFF'S DEPARTMENT

DATE: February 16, 2005

OFFICE CORRESPONDENCE

FILE:

FROM: JOHNNY G. JURADO, COMMANDER
LEADERSHIP & TRAINING DIVISIONTO: ARTHUR NG, CAPTAIN
NORTH COUNTY CORRECTIONAL
FACILITYSUBJECT: **EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS AND RECOMMENDATIONS
USE OF FORCE, JULY 27, 2004, INVESTIGATION #2125220**

The purpose of this memo is to notify you of the review committee's findings and recommendations concerning the use of force incident which occurred on July 27, 2004.

The Committee met on February 10, 2005, and consisted of myself, and Commanders Eric Smith (Leadership & Training Division) and Robert Binkley (FOR III). The Committee deemed:

- as **Founded** the allegation that Deputy Michael Carpenter # [REDACTED] violated the Department's Manual of Policy and Procedure section(s) 3-01/050.10, Performance to Standards, and
- as **Unresolved** the allegation that Deputy Michael Carpenter # [REDACTED] violated the Department's Manual of Policy and Procedure section(s) 3-01/025.00, Use of Force, and
- as **Founded** the allegation that Deputy Casey Cheshier # [REDACTED] violated the Department's Manual of Policy and Procedure section(s) 3-01/050.10, Performance to Standards, and
- as **Unresolved** the allegation that Deputy Casey Cheshier # [REDACTED] violated the Department's Manual of Policy and Procedure section(s) 3-01/025.00, Use of Force, and
- as **Founded** the allegation that Deputy [REDACTED] # [REDACTED] violated the Department's Manual of Policy and Procedure section(s) 3-01/050.10, Performance to Standards, and
- as **Unresolved** the allegation that Deputy [REDACTED] # [REDACTED] violated the Department's Manual of Policy and Procedure section(s) 3-01/025.00, Use of Force.

The Committee recommended that Deputy Cheshier be suspended for a period of **three (3) days** without pay from the position of Deputy; that Deputy [REDACTED] be suspended for a period of **two (2) days** without pay from the position of Deputy; and that Deputy Carpenter be suspended for a period of **two (2) days** without pay from the position of Deputy

JGJ:KRK:kk

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In Service Sheet

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Request for IAB

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

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Incident Information

URN:	004-00945-5640-058	Date:	07/27/04	Time:	0330
Location:	29340 The Old Road				
City or Station:	Castaic				
Bureau/Station/Facility:	North County Correctional Facility	Admin. Investigation: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			

Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
	Wolfe	Michael	P
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.

On Duty Supervisor

Emp. #	Last Name	First Name	Middle Name	Rank	Present	Witness to Incident
	Johnson	Marlon	C	B-1	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Emp. #	Last Name	First Name	Middle Name	Rank	Present	Witness to Incident
	Quichocho	Frank	F	Sgt	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

Watch Sergeant

Emp. #	Last Name	First Name	Middle Name
	Harris	Darren	D

Watch Commander

Emp. #	Last Name	First Name	Middle Name
	Fedele	Daniel	S

Watch Commander's Signature: _____ Emp #: _____

Copy Provided to Employee by: _____ Emp #: _____

Supervisor Completing Form: John T. Cleary Emp #:
(Print)

Emp #: _____ Date Signed: _____

Unit Commanders Signature: _____

PSTD Use Only
FO# 2124592

Original: Unit Commander
Copy: P.S.T.D. Headquarters,
Employee

See Reverse

Supervisor's Report on Use of Force

URN: 004-00945-5640-058

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Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Stun Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

Type of Injury

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

Body Part Injured

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

FORCE APPLIED

(Only One Code Per Block)

[illegible]

Supervisor's Report on Use of Force INVOLVED EMPLOYEE INFORMATION

Page 3 of 4

URN: 004-00945-5640-058

Involved Employee

E1	Employee #	Last Name	First Name	Middle Name
		Carpenter	Michael	
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: W	Unit of Assignment: NCCF	Work Assignment (Unit #, Module, etc.): OSJ
	Shift: <input checked="" type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input checked="" type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 6'02" Weight: 235
Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____			Coroner Case #	Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>
E2	Employee #	Last Name	First Name	Middle Name
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: W	Unit of Assignment: NCCF	Work Assignment (Unit #, Module, etc.): 815 Staff Station
	Shift: <input checked="" type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 5'11" Weight: 205
Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____			Coroner Case#	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>
E3	Employee #	Last Name	First Name	Middle Name
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: NCCF	Work Assignment (Unit #, Module, etc.): IPA
	Shift: <input checked="" type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 5'10" Weight: 205
Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____			Coroner Case#	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>
E	Employee #	Last Name	First Name	Middle Name
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age:	Height: Weight:
Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____			Coroner Case#	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>
E	Employee #	Last Name	First Name	Middle Name
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age:	Height: Weight:
Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____			Coroner Case#	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>
E	Employee #	Last Name	First Name	Middle Name
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age:	Height: Weight:
Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____			Coroner Case#	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>

See Other Side

Supervisor's Report on Use of Force

SUSPECT INFORMATION

URN: 004-00945-5640-058

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S1

Suspect Information											
Last Name		Hartley		First Name		Norval		Middle Name		Lament	
AKA Last Name				First Name				Middle Name			
Sex:		Race:	Street Address:			City:		State & Zip Code:			
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		B									
Work Phone:		Home Phone:		Age:	Height:	D.O.B.		Weight:		Armed?	
		Cell Phone		34	5'11"	10/01/1969		190		<input type="checkbox"/>	
Booking #:		8152912		Primary Charge:		P.C. 243(c)(1)		Secondary Charge:		Criminal History	
Hospital Admission?		<input checked="" type="checkbox"/>		Rec'd Treatment At:		LAC/USC Med Center		Coroner Case#:		Mental History <input type="checkbox"/>	
Under Influence:				Photos of Suspect's Injuries				<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				Substance:							

Suspect Interview

Date:		Time:		Audiotape:		Videotape:	
07/27/04		1510		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Suspect Information

S

Suspect Information											
Last Name				First Name				Middle Name			
AKA Last Name				First Name				Middle Name			
Sex:		Race:	Street Address:			City:		State & Zip Code:			
<input type="checkbox"/> Male <input type="checkbox"/> Female											
Work Phone:		Home Phone:		Age:	Height:	D.O.B.		Weight:		Armed?	
										<input type="checkbox"/>	
Booking #:				Primary Charge:				Secondary Charge:		Criminal History <input type="checkbox"/>	
Hospital Admission?		<input type="checkbox"/>		Rec'd Treatment At:				Coroner Case#:		Mental History <input type="checkbox"/>	
Under Influence:				Photos of Suspect's Injuries				<input type="checkbox"/> YES		<input type="checkbox"/> NO	
<input type="checkbox"/> YES <input type="checkbox"/> NO				Substance:							

Suspect Interview

Date:		Time:		Audiotape:		Videotape:	
				<input type="checkbox"/>		<input type="checkbox"/>	

Suspect Information

S

Suspect Information											
Last Name				First Name				Middle Name			
AKA Last Name				First Name				Middle Name			
Sex:		Race:	Street Address:			City:		State & Zip Code:			
<input type="checkbox"/> Male <input type="checkbox"/> Female											
Work Phone:		Home Phone:		Age:	Height:	D.O.B.		Weight:		Armed?	
										<input type="checkbox"/>	
Booking #:				Primary Charge:				Secondary Charge:		Criminal History <input type="checkbox"/>	
Hospital Admission?		<input type="checkbox"/>		Rec'd Treatment At:				Coroner Case#:		Mental History <input type="checkbox"/>	
Under Influence:				Photos of Suspect's Injuries				<input type="checkbox"/> YES		<input type="checkbox"/> NO	
<input type="checkbox"/> YES <input type="checkbox"/> NO				Substance:							

Suspect Interview

Date:		Time:		Audiotape:		Videotape:	
				<input type="checkbox"/>		<input type="checkbox"/>	

See Other Side

COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT PERSONNEL INVESTIGATION

PAGE 1 OF 4

DATE 07/27/2004	No. OF SUBJECTS 2	UNIT(S) INVOLVED North County Correctional Facility	I.A.B. FILE No. 2125220
MANUAL SECTIONS ALLEGEDLY VIOLATED (BY TITLE AND No.) 3-01/050.10-Performance to Standards; 3-01/030.15-Conduct Toward Others;			
DATE, TIME, DAY OF OCCURRENCE 07/27/2004, 0330			RELATED URN FILE No. IF APPLICABLE 004-00945-5640-058
LOCATION OF OCCURRENCE N.C.C.F. 29340 The Old Road, Castaic			

SOURCE OF COMPLAINT: ☐ COMMUNITY ☒ SUPERVISION W/C REPORT No. ☐ OTHER SOURCES (SPECIFY) _____

SUBJECT No. 1 OF 3	LAST NAME Carpenter	FIRST NAME Michael	M.I. 	RANK OR TITLE Deputy	EMP. No.
UNIT OF ASSIGNMENT N.C.C.F.		DATE ASSIGNED 10/06/2002		DIVISION OR REGION Custody Operations Division	

STATUS OF SUBJECT <input checked="" type="checkbox"/> CONTINUING ON DUTY <input type="checkbox"/> RELIEVED OF DUTY - REASSIGNED TO: <input type="checkbox"/> OTHER _____							
SEX Male	RACE White	HAIR Brown	EYES Green	HEIGHT 602	WEIGHT 200	D.O.B. 	AGE
DATE OF HIRE 09/22/1999		DATE APPOINTED TO RANK 		INTERVIEW TAPE RECORDED ON TAPE Digital OF _____		SIDE <input type="checkbox"/> A <input type="checkbox"/> B DATE _____ TIME _____	

PREVIOUS 7 YEAR FOUNDED INVESTIGATIONS (EXCLUDING TRAFFIC)			
DATE	I.A.B. FILE No.	MANUAL SECTION(S) VIOLATED	DISCIPLINE

SUBJECT No. 2 OF 3	LAST NAME 	FIRST NAME 	M.I. 	RANK OR TITLE Deputy	EMP. No.
UNIT OF ASSIGNMENT N.C.C.F.		DATE ASSIGNED 01/25/2004		DIVISION OR REGION Custody Operations Division	

STATUS OF SUBJECT <input checked="" type="checkbox"/> CONTINUING ON DUTY <input type="checkbox"/> RELIEVED OF DUTY - REASSIGNED TO: <input type="checkbox"/> OTHER _____							
SEX Male	RACE White	HAIR Brown	EYES Blue	HEIGHT 511	WEIGHT 200	D.O.B. 	AGE
DATE OF HIRE 11/02/1997		DATE APPOINTED TO RANK 		INTERVIEW TAPE RECORDED ON TAPE _____ OF _____		SIDE <input type="checkbox"/> A <input type="checkbox"/> B DATE _____ TIME _____	

PREVIOUS 7 YEAR FOUNDED INVESTIGATIONS (EXCLUDING TRAFFIC)			
DATE	I.A.B. FILE No.	MANUAL SECTION(S) VIOLATED	DISCIPLINE

CODE: **C** - COMPLAINANT, **W** - WITNESS

ADDITIONAL COMPLAINANTS, WITNESSES, OR SUBJECTS ON SUPPLEMENTAL PAGES ☐ YES ☐ NO

CODE C	No. 1 OF 2	LAST NAME Hartley	FIRST NAME Norval	M.I. A	SEX Male	RACE Black	D.O.B. 10/01/1969
RESIDENCE ADDRESS 					RES. PHONE (AREA CODE) 		
BUSINESS ADDRESS OR UNIT OF ASSIGNMENT 					CDL OR LASD EMPLOYEE NO. 		
INTERVIEW TAPE RECORDED ON TAPE Digital OF _____					SIDE <input type="checkbox"/> A <input type="checkbox"/> B DATE _____ TIME _____		
CODE C	No. 2 OF 2	LAST NAME 	FIRST NAME 	M.I. 	SEX 	RACE 	D.O.B.
RESIDENCE ADDRESS 					RES. PHONE (AREA CODE) ()		
BUSINESS ADDRESS OR UNIT OF ASSIGNMENT Commander- Custody Operations Division					CDL OR LASD EMPLOYEE NO. 		
INTERVIEW TAPE RECORDED ON TAPE _____ OF _____					SIDE <input type="checkbox"/> A <input type="checkbox"/> B DATE _____ TIME _____		
PRIMARY INVESTIGATOR John T. Cleary			RANK Sergeant		EMP. No. 		APPROVED
ASSISTING INVESTIGATOR David J. Stunson			RANK Sergeant		EMP. No. 		DATE SUBMITTED

IF ADDITIONAL SUBJECTS, WITNESSES, COMPLAINANTS OR DISCIPLINE HISTORIES, LIST ON CONTINUATION PAGES.

NARRATIVE SHOULD BE AN OBJECTIVE AND UNBIASED STATEMENT OF THE FACTS; INVESTIGATOR OPINIONS SHALL NOT BE INCLUDED.

No. OF
ITEMS

LIST EXHIBITS/EVIDENCE FIRST (IF STORED, STATE LOCATION - AUDIO TAPES SHOULD BE CLEARLY LABELED), THEN BEGIN NARRATIVE.

- ADMINISTRATIVE RIGHTS FORMS. (ATTACH ONE FORM FOR EACH EMPLOYEE INTERVIEWED)
- AUDIO TAPES. ALL INTERVIEWS SHALL BE TAPE RECORDED AND ALL TAPES MUST BE INCLUDED.
(LIST EACH INTERVIEWEE BY NAME.)

1 • Digital Recording of Interview with Complainant Hartley

2 • Digital Recordings of Interviews with Subject Carpenter

1 • Digital Recording of Interview with Witness [REDACTED]

1 • Digital Recording of Interview with Witness Burnett

1 • Digital Recording of Interview with Witness Ramirez

2 • Digital Recordings of Interviews with Subject Cheshier

1 • Digital Recording of Interview with Witness Quichocho

1 • Digital Recording of Interview with Witness Johnson

1 • Digital Recording of Interview with Witness [REDACTED]

2 • Digital Recordings of Interviews with Subject [REDACTED]

1 • Digital Recording of Interview with Witness Wolfe

1 • Digital Recording of Interview with Witness [REDACTED]

1 • Digital Recording of Interview with Witness [REDACTED]

[illegible]

SHERIFF'S DEPARTMENT PERSONNEL INVESTIGATION
COMPLAINANT / WITNESS CONTINUATION PAGE

I.A.B. FILE No. 2125220						PAGE 4 OF 4	
CODE: C - COMPLAINANT, W - WITNESS							
CODE W	No. 1 OF	LAST NAME Johnson	FIRST NAME Marlon	M.I. C	SEX Male	RACE Black	DOB [REDACTED]
RESIDENCE ADDRESS					RES. PHONE (AREA CODE) ()		
BUSINESS ADDRESS OR UNIT OF ASSIGNMENT N.C.C.F.					CDL OR LASD EMPLOYEE NO. [REDACTED]		
					BUS. PHONE (AREA CODE) (661) 295-7810		
INTERVIEW TAPE RECORDED ON TAPE _____ OF _____ SIDE <input type="checkbox"/> A <input type="checkbox"/> B DATE _____ TIME _____							
CODE W	No. 2 OF	LAST NAME Wolfe	FIRST NAME Michael	M.I. P	SEX Male	RACE White	DOB [REDACTED]
RESIDENCE ADDRESS					RES. PHONE (AREA CODE) ()		
BUSINESS ADDRESS OR UNIT OF ASSIGNMENT N.C.C.F.					CDL OR LASD EMPLOYEE NO. [REDACTED]		
					BUS. PHONE (AREA CODE) (661) 295-7810		
INTERVIEW TAPE RECORDED ON TAPE _____ OF _____ SIDE <input type="checkbox"/> A <input type="checkbox"/> B DATE _____ TIME _____							
CODE W	No. 3 OF	LAST NAME Quichocho	FIRST NAME Frank	M.I. F	SEX Male	RACE Hispanic	DOB [REDACTED]
RESIDENCE ADDRESS					RES. PHONE (AREA CODE) ()		
BUSINESS ADDRESS OR UNIT OF ASSIGNMENT N.C.C.F.					CDL OR LASD EMPLOYEE NO. [REDACTED]		
					BUS. PHONE (AREA CODE) (661) 295-7810		
INTERVIEW TAPE RECORDED ON TAPE _____ OF _____ SIDE <input type="checkbox"/> A <input type="checkbox"/> B DATE _____ TIME _____							
CODE W	No. 4 OF	LAST NAME Burnett	FIRST NAME Jeremy	M.I. C	SEX Male	RACE White	DOB [REDACTED]
RESIDENCE ADDRESS					RES. PHONE (AREA CODE) ()		
BUSINESS ADDRESS OR UNIT OF ASSIGNMENT N.C.C.F.					CDL OR LASD EMPLOYEE NO. [REDACTED]		
					BUS. PHONE (AREA CODE) (661) 295-7810		
INTERVIEW TAPE RECORDED ON TAPE _____ OF _____ SIDE <input type="checkbox"/> A <input type="checkbox"/> B DATE _____ TIME _____							
CODE W	No. 5 OF	LAST NAME Ramirez	FIRST NAME Ryan	M.I. M	SEX Male	RACE Hispanic	DOB [REDACTED]
RESIDENCE ADDRESS					RES. PHONE (AREA CODE) ()		
BUSINESS ADDRESS OR UNIT OF ASSIGNMENT N.C.C.F.					CDL OR LASD EMPLOYEE NO. [REDACTED]		
					BUS. PHONE (AREA CODE) (661) 295-7810		
INTERVIEW TAPE RECORDED ON TAPE _____ OF _____ SIDE <input type="checkbox"/> A <input type="checkbox"/> B DATE _____ TIME _____							
CODE W	No. 6 OF	LAST NAME [REDACTED]	FIRST NAME [REDACTED]	M.I. [REDACTED]	SEX Male	RACE Hispanic	DOB [REDACTED]
RESIDENCE ADDRESS					RES. PHONE (AREA CODE) ()		
BUSINESS ADDRESS OR UNIT OF ASSIGNMENT N.C.C.F.					CDL OR LASD EMPLOYEE NO. [REDACTED]		
					BUS. PHONE (AREA CODE) (661) 295-7810		
INTERVIEW TAPE RECORDED ON TAPE _____ OF _____ SIDE <input type="checkbox"/> A <input type="checkbox"/> B DATE _____ TIME _____							
CODE W	No. 7 OF	LAST NAME [REDACTED]	FIRST NAME [REDACTED]	M.I. [REDACTED]	SEX Male	RACE Hispanic	DOB [REDACTED]
RESIDENCE ADDRESS					RES. PHONE (AREA CODE) ()		
BUSINESS ADDRESS OR UNIT OF ASSIGNMENT					CDL OR LASD EMPLOYEE NO. [REDACTED]		
					BUS. PHONE (AREA CODE) ()		
INTERVIEW TAPE RECORDED ON TAPE _____ OF _____ SIDE <input type="checkbox"/> A <input type="checkbox"/> B DATE _____ TIME _____							
CODE W	No. 8 OF	LAST NAME [REDACTED]	FIRST NAME [REDACTED]	M.I. [REDACTED]	SEX Male	RACE Black	DOB [REDACTED]
RESIDENCE ADDRESS					RES. PHONE (AREA CODE) ()		
BUSINESS ADDRESS OR UNIT OF ASSIGNMENT					CDL OR LASD EMPLOYEE NO. [REDACTED]		
					BUS. PHONE (AREA CODE) ()		
INTERVIEW TAPE RECORDED ON TAPE _____ OF _____ SIDE <input type="checkbox"/> A <input type="checkbox"/> B DATE _____ TIME _____							